

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

| TIME IN | TIME OUT | | | |
|---------|-----------|--|--|--|
| DATE | PAGE 1 of | | | |

| | LIMITS | CTION, OR SUCH SHORTER F FOR CORRECTIONS SPECIF IAME: | | | | | | | | | | | COMPL | _Y | |
|--|---|---|------------------------|-----------------------|--|---|---|--|--|---|--|---------------|----------|----|---|
| ADDRESS: | | | | ESTABLISHMENT NUMBER: | | | R: COUNTY: | | | | | _ | | | |
| CITY/ZIP: | | | PHONE: | | | FAX | | | | P.H. PRIOF | RITY : | Н | M | L | _ |
| ESTABLISHMENT BAKERY | TYPE | C. STORE CATE | RER DEI | 1 | | | | RY STOR |)E | INSTITUTION | | MOBILE V | /ENDOE | 00 | _ |
| RESTAUR | ANT | | | MER F. | P | | AVER | | <u> </u> | TEMP.FOOD | | WOBILE V | ENDOR | | |
| PURPOSE Pre-openin | ng | Routine Follow-up | Complaint | Othe | r | | | | | | | | | | |
| FROZEN DES | | | SEWAGE DISPOS | | | | UPPL' | | NON | | | DDI) (A TE | | | |
| Approved Disapproved Not Applicable PUBLIC License No. PRIVA | | | COMMUNITY | | | Y | NON-COMMUNITY PRIVATE Date Sampled Results | | | | | | | | |
| License | No | | RISK FAC | | AND | INTE | RVEN | TIONS | | | | | | | |
| | | reparation practices and emplo | yee behaviors most con | nmonly re | eporte | ed to th | ne Cent | ters for Dis | | ntrol and Prevention | n as conti | ributing fact | ors in | | |
| foodborne illness Compliance | s outbre | eaks. Public health intervention Demonstration of | | s to prev | ent fo | | ne illne mpliance | | y. T | Potentially Haza | rdous Fo | ods | СО |)S | R |
| IN OUT | Person in charge present demonstrates knowledge | | | | | 1 | • | N/O N/A | Proper | cooking, time and t | | | | | _ |
| IN 001 | | and performs duties Employee F | lealth | | | | | N/O N/A | | | | | _ | | _ |
| IN OUT | | Management awareness; poli | | | | | | N/O N/A | , ,, | | | | _ | | _ |
| IN OUT | | Proper use of reporting, restri | | | | | | N/O N/A | | | ot holding temperatures | | | | |
| IN OUT N/O | | Good Hygienic Proper eating, tasting, drinking | | | | | OUT OUT | N/A N/O N/A | | | ld holding temperatures te marking and disposition | | | | _ |
| IN OUT N/O | | No discharge from eyes, nose | | | | | | N/O N/A | Time a | as a public health co | | | | | |
| | | Preventing Contamin | ation by Hands | _ | | | | 100 1070 | record | S) Consumer A | Advisorv | | + | | |
| IN OUT N/O | | Hands clean and properly was | | | | IN | OUT | N/A | | mer advisory provid | | w or | | | _ |
| | | No bare hand contact with rea | adv-to-eat foods or | | | | | | '` undercooked food Highly Susceptible Populations | | | tions | + | | _ |
| IN OUT N/O | | approved alternate method pr | operly followed | | | | | | | | <u> </u> | | | | |
| IN OUT | | Adequate handwashing facilit accessible | es supplied & | | | IN (| OUT | N/O N/A | Pasted | ırized foods used, p d | rohibited | foods not | | | |
| | | Approved S | | | | | | | | Chemi | | | | | |
| | IN OUT Food obtained from approved source IN OUT N/O N/A Food received at proper temperature | | | | | IN OUT N/A Food additives: approved and properly use Toxic substances properly identified, store | | | | d | | | | | |
| 114 001 14/0 14/A | | | | IN | OUT | | used | | | | | | | | |
| IN OUT Food in good condition, safe and unadulterated Required records available: shellstock tags, parasite | | | | l | | | Conformance with Approved Procedures Compliance with approved Specialized Procedures | | | | | | | | |
| IN OUT N/O N/A destruction | | | | | IN | OUT | N/A | and HACCP plan | | | | | | _ | |
| IN OUT | N1/A | Protection from Co | | | | The | letter t | o the left o | ıf each ite | em indicates that ite | m'e etatu | s at the time | of the | | |
| 14/A | | | | | inspection. | | | | | | | | | | |
| Dropper disposition of returned provincely conved | | | | | IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed | | | | | | | | | | |
| IN OUT N/O reconditioned, and unsafe food COS=Corrected On Site R=Repeat Item | | | | | | | | | | | | | | | |
| | | Good Retail Practices are previous | | OOD RET | | | | nogono ob | omicala | and physical chicat | o into foo | ndo. | | | |
| IN OUT | | Safe Food and Wa | | COS | R | IN | OUT | logens, ch | iemicais, | Proper Use of Uten | | ous. | COS | R | _ |
| | | urized eggs used where require | | | | | | | | properly stored | | | | | _ |
| | water | and ice from approved source | | | | | | Utensils | | nent and linens: prop | perly store | ea, aried, | | | |
| | | Food Temperature Co | | | | | | Single-u | use/single | e-service articles: pr | operly st | ored, used | | | |
| | | rate equipment for temperature ved thawing methods used | control | | | | | Gloves | used pro | perly sils, Equipment and | Vending | | - | _ | |
| | | ometers provided and accurate | , | | | | | | nd nonfo | od-contact surfaces | | e, properly | | | _ |
| | Food Identification | | | | | | | ed, constructed, and used ashing facilities: installed, maintained, used; test | | | | | _ | | |
| | | | | | | | strips us | | | | + | | | | |
| | 1 000 } | Food properly labeled; original container Prevention of Food Contamination | | | | | | Nonioo | od-contact surfaces clean Physical Facilities | | | | | | _ |
| | Insects, rodents, and animals not present | | | | | | | | | ter available; adequ | | ure | | | _ |
| | Contamination prevented during food preparation, storage and display | | | | | | | | lumbing installed; proper backflow devices | | | | <u> </u> | | |
| | | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry | | | | | | Sewage | Sewage and wastewater properly disposed | | | | | | - |
| | Wiping | cloths: properly used and store | | | | | | | | properly constructed | | | 1 | | _ |
| | ruits | and vegetables washed before | use | | | 1 | | | | properly disposed; f s installed, maintain | | | + | | _ |
| Person in Charge /Title: Calesta Mundishin | | | | | | | | | | | | | | | |
| Inspector: | | 11. 5 T | | | Tel | lepho | ne No. | . EPH | IS No. | Follow-up: | | Yes | | No | _ |
| | 116 | lan I. / onas | • | | | | | | | Follow-up Date: | | | | | |

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE



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| PAGE | | ٥f |

| ESTABLISHMEN | IT NAME | ADDRESS | | CITY/ZI | P | | |
|-----------------------|--|---|---|----------------|-------------------------------|-------------------|----------|
| FOOD PRODUCT/LOCATION | | TEMP. in ° F FOOD PRODUCT/ LOCATION | | | | TEMP. i | n°F |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Code Reference | Priority items contribute directly to the or injury. These items MUST RECEIV | PRIORITY elimination, prevention or reduct /E IMMEDIATE ACTION within | / ITEMS ion to an acceptable level, haza 72 hours or as stated. | ards associate | d with foodborne illness | Correct by (date) | Initial |
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| Code Reference | Core items relate to general sanitation standard operating procedures (SSOF | CORE I'n, operational controls, facilities or | r structures, equipment design, | general maint | enance or sanitation | Correct by (date) | Initial |
| | | | - | | | | Cello (w |
| | | | | | | | Geff (w |
| | | | | | | | Celys (W |
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| | | EDUCATION PRO | VIDED OR COMMENTS | | | | |
| Damas: in Ci | Anna (Tible) | | | | Deter | | |
| Person in Cl | narge / litie: | <i>boolinh</i> | Telephone No. | EPHS No. | Date: Follow-up: | Yes | No |
| Inspector: | Malan F. Flora | ₽ | r eleptione No. | LI IIO NO. | Follow-up: Follow-up Date: | 1 e S | No |